

Receipt

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1807.0767



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: )  
STEPHANE AMARGER ) Examiner: Not Yet Assigned  
Application No.: 09/704,804 ) Group Art Unit: 2622  
Filed: November 3, 2000 )  
For: METHOD AND DEVICE FOR THE )  
AUTOMATIC CONFIGURATION )  
OF A PERIPHERAL FOR )  
PROCESSING A COMPUTER )  
DOCUMENT ) February 16, 2001

Commissioner for Patents  
Washington, D.C. 20231

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REQUEST FOR CORRECTED FILING RECEIPT

Technology Center 2600

Sir:

Applicant's attorneys have received an official Filing Receipt in the above-identified application in which the inventor's address has been omitted. The inventor's address should read as follows:

--CHAVILLE, FRANCE--.

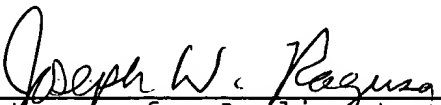
Also, the "Foreign Applications" data has been omitted. The "Foreign Applications" data should read as follows:

--FRANCE 9913816 11/04/1999--.

Issuance of a corrected Filing Receipt, corrected as shown above, is accordingly respectfully requested.

Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

  
\_\_\_\_\_  
Attorney for Applicant

Registration No. 38,586

FITZPATRICK, CELLA, HARPER & SCINTO  
30 Rockefeller Plaza  
New York, New York 10112-3801  
Facsimile: (212) 218-2200

NY\_MAIN 146597v1



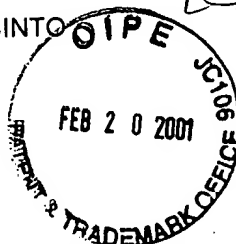
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/704,804	11/03/2000	2622	1682	1807.0767	14	31	3

05514

FITZPATRICK CELLA HARPER & SCINTO  
30 ROCKEFELLER PLAZA  
NEW YORK, NY 10112



## FILING RECEIPT



\*OC000000005681509\*

Date Mailed: 01/16/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

*Chaville, France*  
Stephane Amarger, Residence, NOT PROVIDED;

## Continuing Data as Claimed by Applicant

## Foreign Applications

*France 9913816 11/4/99*

If Required, Foreign Filing License Granted 01/16/2001

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TC 2800 MAIL ROOM

## Title

Method and device for the automatic configuration of a peripheral for processing a computer document

## Preliminary Class

358

Data entry by : DILLON, LAWANDA

Team : OIPE

Date: 01/16/2001





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Title 37, Code of Federal Regulations, 5.11 & 5.15**

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Bib Data Sheet

CONFIRMATION NO. 4599

<b>SERIAL NUMBER</b> 09/704,804	<b>FILING DATE</b> 11/03/2000 <b>RULE</b>	<b>CLASS</b> 358	<b>GROUP ART UNIT</b> 2622	<b>ATTORNEY DOCKET NO.</b> 1807.0767	
<b>APPLICANTS</b> Stephane Amarger, Chaville, FRANCE; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> FRANCE 9913816 11/04/1999 <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/16/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 31	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 05514					
<b>TITLE</b> Method and device for the automatic configuration of a peripheral for processing a computer document					
<b>FILING FEE RECEIVED</b> 1812	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		